

eAAF INSTRUCTIONS

GENERAL INFORMATION APPLICABLE TO THE ENTIRE SPREADSHEET

The only formatting changes that should be made are adding rows, including Activity rows, and adjusting row height. Any other changes will prevent the spreadsheet from uploading correctly.

1. Date fields are formatted for **m/d/year** and must be entered in this format to avoid errors
2. Both the phone and fax fields are formatted for a phone number, type the appropriate number with no spaces and hit enter.
3. The UCR Code can be entered with either Upper or Lower case letter
4. Bid items, Unit Price, Lump Sum or Change Orders are all on this single form.
5. Separate instructions are provided for how to add lines and not lose critical formatting. These instructions can be found at:
<http://www.deq.virginia.gov/Programs/LandProtectionRevitalization/PetroleumProgram/Reimbursement/eAAF.aspx>
6. Areas highlighted in **RED** are for DEQ use only.

HEADER

1. The RP/Consultant should fill out the information at the top of the sheet including the Site Name, the Phase under which the work will be performed (see Reimbursement Guidance Manual), the appropriate Regional Office, and the RP/Consultant phone number, fax number, and email address.
2. Drop downs are provided for the Regional Office, Heating Oil Category and Phase fields

PRE-APPROVAL

Complete the following:

1. **ACTIVITY:** Provide a concise description of the activity being performed (for example, install French drain system, sample 5 monitoring wells)
2. **UCR CODE:** List the T, M, C or A code from the 007 UCR schedule necessary to complete the Activity. For any item that is not contained within the 007 UCR Schedule, an "XCode" unless the item was bid the "BCode". To establish an X-Code, enter a three-digit code beginning with an "X" in the Code column. For each AAF, an "X" code must be unique, begin with X001, and be sequential, e.g. X001, X002, X003, etc. See below for specific instructions for Unit Price and Lump Sum Bids
3. **DESCRIPTION:** The description will auto populate based on the UCR Code entered, if "N/A" is returned for a T, M, C or A Code the code entered is incorrect. Check Volume 4 of the Reimbursement Guidance Manual for the correct UCR Code or you can search under the Workbook Tab labeled 007 UCRs.
4. **UNIT TYPE:** The Unit type will auto populate based on the UCR Code entered, if "N/A" is returned for a T, M, C or A Code the code entered is incorrect. Check Volume 4 of the Reimbursement Guidance Manual for the correct UCR Code or you can search under the Workbook Tab labeled 007 UCRs.
5. **PROPOSED UNITS:** List the number of units necessary for each proposed item.
6. **DEQ APPROVED PROPOSED UNITS:** For DEQ use only.
7. **CONTINGENT UNITS:** List the number of additional units above the Proposed Units which may be needed to accommodate changes in the field (see Section 2.2 of the Reimbursement Manual for a discussion of Proposed and Contingent unit use).

8. DEQ APPROVED CONTINGENT UNITS: For DEQ use only.

9. C-Code or X-Code Estimated Cost: For each X or C Codes provide the per unit estimated cost. **DO NOT provide the total estimated cost.**

10. WORK PERFORMED UNITS: Leave blank at this time.

11. DEQ VERIFIED UNITS: For DEQ use only.

12. RP/CONSULTANT COMMENTS: Clearly describe how the specified units will be used within the Activity.

13. DEQ COMMENTS: For DEQ use only.

14. SCOPE OF WORK NOTES: Provide a general description of the work to be accomplished by all activities included on the AAF. The Scope of Work section may be used to add any additional information the RP/Consultant believes necessary to assist the Regional Office in evaluating the AAF; however; do not use the Scope of Work section to request authorization for specific tasks or materials.

FOR UNIT PRICE BID ITEMS

1. Code: In this space, list B followed by the number for the scope of work. For Unit Price Bids the scope of work number should match the scope of work number listed on the Bid Comparison Form. Enter a 3-digit code beginning with a "B" in the **CODE** column. e.g. B01a, B01b, B01c, etc.

2. Scope of Work Description: In this column, provide a description for each unit price bid item. For Example: PVC elbow, PVC fitting, etc. This description should match the description used to obtain the unit price bid and as listed on the Bid Comparison Form.

3. Unit Type: Fill in the type of units (e.g., each, gallons, feet) applicable to the particular item being listed. The unit type should match the unit type listed on the Bid Comparison Form.

4. Unit Price Bid Rate: Indicate the low bid unit price before markup for this item.

FOR LUMP SUM BID ITEMS

1. Code: In this space, list B followed by the number for the scope of work. For Lump Sum Bids the scope of work number should match the scope of work number listed on the Bid Comparison Form. Enter a 3-digit code beginning with a "B" in the CODE column. e.g. B001, B002, B003, etc.

2. Description: Provide a summary of the scope of work for each bid. The scope of work should match the scope of work listed on the Bid Comparison Form.

3. Unit Type: Lump Sum

4. Lump Sum Bid Amount: Indicate the total dollar amount for the lowest bid for each scope of work claimed. Amount should be the before markup amount. If less than 100% completed, list the dollar value of the work completed and invoiced by the low bidder.

5. In the Comments section indicate what percentage of the Lump Sum Bid has been completed during the phase or sub-phase.

SOIL HAULING

1. Units for both Tons and Miles must be entered on the appropriate line. Please see Task descriptions and examples in Volume 4 of the Reimbursement Guidance Manual for additional information.

2. For T075 and T077 miles are 100 or less.

3. For T076 and T078 miles are only those THAT EXCEED 100.

4. Tons are the same for each code used, only the mileage is different.

SIGNATURES

1. The RP or Consultant must type their name above the signature line and enter the date.
2. The regional Case Manager will type their name above the signature line and enter the date, based on the if the AAF is being Pre-Approved or Verified.

VERIFICATION

Upon completion of a Phase or Sub-phase, complete the following:

1. **WORK PERFORMED UNITS:** Fill in the Work Performed Units column with the actual number of units performed for each Task or Material.
2. **A-Code, C-Code or X-Code Actual Cost:** For each A, C or X Codes provide the per unit actual cost. **DO NOT provide the total actual cost.**
3. Attach any needed documentation and forward along with the applicable report to the regional case manager for verification.

DEQ regional Case Managers may request additional documentation if they deem it necessary to verify work performed units presented on the AAF. The Regional Office will review all AAFs with the work performed and any reports submitted for the claimed phase. The Regional Office must verify this work performed before a reimbursement application can be processed; RO verification of a work-performed AAF will be completed within 30 days.

PLEASE NOTE:

- **All units for which a claimant seeks reimbursement must be listed in the Work Performed column of the AAF(s) submitted for verification.**
- **Claimants may seek verification only once for each phase or sub-phase.**
- **Materials/Tasks omitted from the Work Performed column of the AAF(s) submitted for verification will be ineligible for reimbursement and cannot be claimed in a subsequent phase or sub-phase**